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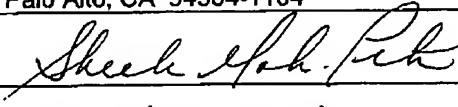
MAY 09 2006

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/685,323
		Filing Date	10/14/2003
		First Named Inventor	Franck J. BARRAT
		Art Unit	1644
		Examiner Name	M.A. Belyavskyi
Total Number of Pages in This Submission	10	Attorney Docket Number	DX01177B

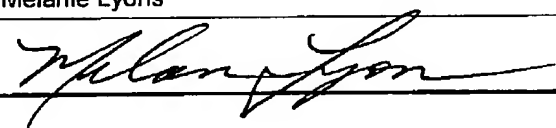
## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (5 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer (3 pages) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Sheela Mohan-Peterson, Reg. No. 41,201 DNAX Research, Inc. 901 California Ave. Palo Alto, CA 94304-1104
Signature	
Date	09-May-2006

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO, Fax Number (571) 273-8300, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:			
Typed or printed	Melanie Lyons		
Signature		Date	May 9, 2006

MAY 09 2006

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Complete if Known	
		Application Number	10/685,323
		Filing Date	10/14/2003
		First Named Inventor	Franck J. BARRAT
		Examiner Name	M.A. Belyavskiy
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1644
TOTAL AMOUNT OF PAYMENT	(\$ ) 0	Attorney Docket No.	DX01177B

**METHOD OF PAYMENT** (check all that apply)
☐ Check ☐ Credit Card ☐ Other ☐ None

☒ Deposit Account: Deposit Account Number: 04-1239 Deposit Account Name: DNAX Research, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments ☒ Credit any overpayments  
 of fee(s) under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
12 - 20 or HP =	0	x	=

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1 - 3 or HP =	0	x	=

HP = highest number of independent claims paid for, if greater than 3

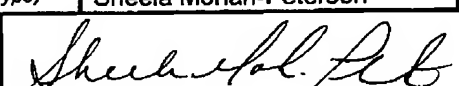
**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Other: \_\_\_\_\_

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Sheela Mohan-Peterson	Registration No.	41,201
Signature		Telephone	1-650-496-6400
		Date	09-MAY-2006